

NEW JERSEY DEPARTMENT OF HUMAN SERVICES

Division of Mental Health and Addiction Services

Request for Proposals (RFP)

Start-Up Costs for Licensed Substance Abuse Treatment Providers to Provide Co-Occurring Services to the Drug Court Population

Proposal Due: November 30, 2011

Date of Issuance: October 19, 2011

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Agency

The Department of Human Services (DHS) Division of Mental Health and Addiction Services (DMHAS) is issuing this Request for Proposals (RFP) to support start-up expenses allocated for costs to recruit and retain appropriately credentialed staff to provide co-occurring services including Psychiatric Evaluation, Comprehensive Intake Evaluation, Medication Monitoring, Clinical Consultation, Case Management, Family Therapy, Individual Therapy and Crisis Intervention to Drug Court (DC) clients.

Purpose of this Announcement

DMHAS is soliciting proposals for State Fiscal Year 2012 funds to request start-up expenses to support the provision of integrated mental health and substance abuse treatment for DC referred clients who presents with co-occurring disorders (COD). This opportunity is to create new capacity or expand existing capacity to provide a full array of services in the DMHAS Co-Occurring Fee-for-Service (FFS) Network. This opportunity is open to licensed substance abuse treatment providers statewide that are approved as providers in the DC FFS Network or have an application in process in the DC or Co-Occurring Networks by the due date of this RFP. Applications to DC and/or Co-Occurring Network must be approved before the date of the award of this RFP. This funding is open statewide, with priority given to substance abuse treatment service providers located in the Southern New Jersey Vicinage 15 which includes Cumberland, Gloucester, and Salem Counties.

It is anticipated that approximately \$1.6 million will be available in SFY 2012 to support salary costs of full-time or part-time licensed and credentialed staff for up to twelve (12) months who will provide co-occurring services to DC clients. The number of awards will be determined by the availability of resources and the number of approved proposals and their budgets. Proposed budgets should be approximately \$200,000. These funds will be one-time, non-recurring funds and shall not commit the State to future operating costs. The applicant must be able to demonstrate the implementation of a sustainability plan. The start-up expenses will also cover the costs for purchase or leasing of equipment, and minor renovations or refurbishing existing space to support the staff and DC client services. After the contract period ends the expectation is that the treatment provider agency will bill FFS through the DMHAS co-occurring FFS network or other private and public payors.

In addition to this RFP, DMHAS is issuing a Request for Information (RFI) from interested licensed and credentialed professionals who would be willing to provide treatment to DC clients who present with COD. DMHAS will provide awardees of this RFP the list of licensed and credentialed individuals generated by the RFI.

All application and expenditure data pertaining to these contract funds must be presented independently of any other DMHAS or non-DMHAS funded program of the applicant/contractee. Awards under this RFP will be clustered separately from other

existing components for contract application and reporting. Cost sharing is not required. Funding will depend on the availability of funds. Contract(s) will be for one year.

Background

According to the Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Improvement Protocol (TIP 42), clients said to have COD have one or more disorders related to the use of alcohol and/or other drugs of abuse as well as one or more mental disorders. A diagnosis of COD occurs when at least one disorder or each type can be established independent of the other and is not simply a cluster of symptoms resulting from the one disorder.

Efforts to provide treatment that meets the unique needs of people with COD have gained momentum over the past two decades in substance abuse treatment and mental health services. SAMHSA and Center for Substance Abuse Treatment (CSAT) and Center for Mental Health Services (CMHS) and the National Association of State Alcohol and Drug Abuse Directors (NASADAD) and the National Association of State Mental Health Program Directors (NASMHPD) in 1999 held a national dialogue on Co-Occurring Mental Health and Substance Use Disorders. This resulted in the development of a conceptual framework that classifies treatment settings in four Quadrants of Care based on relative symptom severity rather than diagnosis of the clients seen in those settings. The four quadrant model has two distinct uses: to help conceptualize an individual client's treatment and to guide improvements in system integration, including efficient allocation of resources. Historically the mental health and substance abuse treatment systems operate independently of one another, as separate cultures, each with its own treatment philosophies, administrative structures, and funding streams.

As a result of the pressing need to disseminate and support the adoption of evidence and consensus based practices in the field of COD, in 2003 SAMHSA established the Co-Occurring Center for Excellence (COCE). The COCE mission is to transmit advances in treatment for all levels of COD severity, guide enhancements in the infrastructure and clinical capacities of service systems and foster the infusion and adoption of evidence based treatment and program innovations into clinical practice.

The New Jersey DMHAS recognized that integrated care was a priority for the COD client. Improved systems capacity with an integrated system of care promotes wellness and recovery for the COD client. Moving towards this system of care for the COD client New Jersey received technical assistance from the COCE and DMHAS established a Co-Occurring Task Force (COTF). The COCE technical assistance guided the DMHAS Professional Advisory Committee (PAC) Subcommittee on COD treatment. DMHAS looked at improving COD service delivery within licensed addictions treatment facilities.

The PAC subcommittee reviewed Co-Occurring credentials with the Certification Board; participated in development of a co-occurring agency readiness survey tool; provided review and input on development of a Co-Occurring treatment manual and reviewed

Co-Occurring FFS Descriptions and credentialing requirements. The goal of the provider survey was to objectively determine dual diagnosis capability of the addiction treatment providers; provide a mechanism to measure change; help develop a state of the art continuum of care treatment system for co-occurring clients; assess statewide capacity for COD services and develop a plan for increased capacity.

Approximately 120 providers completed the survey and results indicated that licensed treatment providers were either one of the following: Addiction Only Services (AOS) programs that do not currently meet licensure standards to accommodate patients with psychiatric illnesses that require ongoing treatment, however stable the illness and however well functioning the individual; Dual Diagnosis Enhanced (DDE) treating clients with unstable or disabling COD in addition to their substance related disorders; or Dual Diagnosis Capable (DDC) with the primary focus on the treatment of substance related disorders and capable of treating clients who have relatively stable diagnostic co-occurring mental health problems related to an emotional, behavioral or cognitive disorder. These programs typically meet the needs of clients whose psychiatric disorders are stable and who are capable of independent functioning, so that their mental disorders do not interfere significantly with their participation in addiction treatment.

The process with COCE and the DDCAT survey results culminated in the formation of the DMHAS Co-Occurring FFS network that is focused on serving Quadrant III clients whose presenting symptom severity is moderate to severe substance use disorders and middle to moderate mental illness.

DMHAS currently has multiple initiatives providing a full continuum of care to clients through a network of licensed providers who are reimbursed via FFS. The Co-Occurring Network provides FFS funding to provide integrated co-occurring services to individual clients who are receiving substance abuse treatment services. Providers in the Co-Occurring FFS Network are required to meet the six (6) core components: providing access, screening and assessment for COD, providing and/or coordinating referrals to appropriate level of care, providing COD treatment via a multidisciplinary team and ensuring continuity of care via case management.

Currently, Co-Occurring services are offered statewide through licensed substance abuse treatment providers. As of May 13, 2011 DMHAS has 180 locations providing services to Drug Court statewide, of that, 114 (63.3%) are co-occurring. However, through geomaps and field reports, DMHAS, with input from the Administrative Office of the Courts (AOC) have identified a limited number of providers for co-occurring services within the State, in particular in the Southern region. This RFP is targeted to further expand the delivery of integrated care for DC clients who have substance use disorders and mild to moderate mental illness.

The Co-Occurring FFS Network strives to advance the integration of mental health services into client's substance abuse treatment. It provides reimbursement for an array of co-occurring services when a co-occurring mental health diagnosis, has been

determined by an appropriately licensed behavioral health professional. If client is determined to be in need of these services, their treatment plan will include substance abuse treatment and co-occurring problems, goals and interventions.

Who Can Apply?

The following eligibility criteria shall apply:

1. Applicants must be public or private non-profit organizations licensed to provide substance abuse treatment OR have an application in process by the due date of this RFP. If in process, a plan must be attached for how the organization will be licensed and able to provide services by January 2012, as failure to meet this start-up date may result in termination or amendment.
2. Applicants may already be existing participants of the DC FFS Initiative OR providers that are interested in joining the Co-Occurring FFS Network.
3. Applicants must have a New Jersey address and be able to conduct business from a facility located in New Jersey. All New Jersey and out of State Corporations must obtain a Business Registration Certificate (BRC) from the Department of the Treasury, Division of Revenue prior to conducting business in the State of New Jersey. Proof of valid business registration with the Division of Revenue, Department of the Treasury, State of New Jersey, shall be submitted by the bidder and, if applicable, by every subcontractor of the bidder, with the bidder's bid. No contract will be awarded without proof of business registration with the Division of Revenue. Any questions in this regard can be directed to the Division of Revenue at (609) 292-1730. Form NJ-REG. can be filed online at www.state.nj.us/njbgs/services.html
4. Before performing work under the contract, all sub-contractors of the contractor must provide to the contractor proof of New Jersey business registration. The contractor shall forward the business registration documents on to the using agency.
5. Applicants must not be suspended or debarred by DHS or any other State or Federal entity from receiving funds.
6. Applicants must have all outstanding Plans of Correction (PoC) for deficiencies submitted to DMHAS for approval prior to submission.
7. Applicants must have a governing body that provides oversight as is legally permitted. No member of the Board of Directors can be employed as a consultant for the successful applicant.

NOTE: If, at the time of receipt of the proposal, the applicant does not comply with this standard, the applicant must submit evidence that it has begun to modify its structure and that the requirement will be met by the time the

contract is executed. *If this required organizational structure is not in place before the start date, the contract will not be executed and the funding will be waived.*

Proposal Package

The proposal package includes the following:

- RFP including narrative instructions for this specific contract
- Contract Application

How to Get a Proposal Package

- Contact Helen Staton
Division of Mental Health and Addiction Services
P.O. Box 362
Trenton, NJ 08625
helen.staton@dhs.state.nj.us
(609) 633-8781
- Download the RFP from the website at
<http://www.state.nj.us/humanservices/providers/grants/rfprfi/>.
- Download the contract application forms from the website at
<http://www.state.nj.us/humanservices/das/information/contracts/> .

Due Date

Proposals must be received by 5:00 p.m. on November 30, 2011, and include one (1) signed original and 5 copies. Faxed or electronic proposals, as well as those received after the deadline, will not be reviewed.

Where to Send Proposals

Send the signed original and 5 copies of your proposal to:

For United States Postal Service, please address to:
Helen Staton
Division of Mental Health and Addiction Services
P.O. Box 362
Trenton, NJ 08625
(609) 633-8781

For UPS, FedEx, other courier service or hand delivery, please address to:
Helen Staton
Division of Mental Health and Addiction Services
120 South Stockton Street, 3rd floor
Trenton, NJ **08611**
(609) 633-8781

Please note that if you send your proposal package through United States Postal Service two-day priority mail delivery to the P.O. Box, your package may not arrive in two days. In order to meet the deadline, please send your package earlier than two days before the deadline or use a private carrier's overnight delivery to the street address.

You will NOT be notified that your package has been received. If you require a phone number for delivery, you may use (609) 633-8781.

Contract Overview/Expectations

This contract supports salary costs of full-time or part-time licensed and credentialed staff for up to twelve (12) months who will provide co-occurring services to DC clients. These funds will also support start-up expenses to cover the costs for purchase or leasing of equipment, and minor renovations or refurbishing existing space to support the staff and client COD services. Proposed budgets should be approximately \$200,000.

This funding provides the ability for awardees to create new capacity or expand existing capacity for a full array of services in the Co-Occurring FFS Network. Contractees must meet the six (6) core components that form the ideal delivery of services for clients with COD. These include providing access to treatment, screening each client for COD, completing a COD assessment, providing or coordinating a referral to an appropriate level of care, providing co-occurring treatment via a multidisciplinary team and case management ensuring continuity of care.

The Co-Occurring clinical service array includes psychiatric evaluation, comprehensive intake evaluation, medical consultation, medication, medication monitoring, family therapy, individual therapy and family therapy-crisis intervention. Clinical services must be provided by appropriately licensed and credentialed staff such as psychiatrist, licensed clinical psychologist, certified nurse practitioner, advanced practical nurse, physician's assistant, licensed clinical social worker, licensed professional counselor, and licensed marriage and family therapist.

The contractee is required to submit requests for reimbursement to the DMHAS fiscal agent per the fiscal agent's guidelines. The contractee shall report all information in the electronic format acceptable to the DMHAS fiscal agent in order to receive payment. The awardee(s) cannot bill FFS for individuals who are currently receiving services funded by DMHAS cost related contract or any other funding source.

General Contracting Information

The Department reserves the right to reject any and all proposals when circumstances indicate that it is in its best interest to do so. The Department's best interests in this context include, but are not limited to, State loss of funding for the contract, insufficient infrastructure agency wide, inability of the applicant to provide adequate services, indication of misrepresentation of information and/or non-compliance with any existing Department contracts and procedures or State and/or Federal laws and regulations.

All applicants will be notified in writing of the State's intent to award a contract. All proposals are considered public information and as such will be made available upon request after the completion of the RFP process.

All applicants will be required to comply with the Affirmative Action requirements of P.L. 1975 c. 127 (N.J.A.C. 17:27), P.L. 2005, c.51 and 271, Executive Order 117 and N.J.S.A. 52:34-13-2 Source Disclosure Certification (replaces Executive Order 129).

Awardee(s) will be required to comply with the DHS contracting rules and regulations, including the Standard Language Document, the Department of Human Services' Contract Reimbursement Manual, and the Contract Policy and Information Manual. A list of depository libraries where applicants may review the manuals can be found on the internet at http://slic.njstatelib.org/NJ_Information/NJ_by_Topic/NJ_Depositories.php. Additionally, manuals may be downloaded from the DHS website of the Office of Contract Policy and Management (OCPM) at <http://www.state.nj.us/humanservices/ocpm/home/resources/>. The link for the DHS contract manuals is on the left. The awardees will be required to negotiate contracts with DMHAS upon award, and may also be subject to a pre-award audit survey.

The award(s) will be announced December 29, 2011 with a contract start date in February 2012. Certain expenses incurred by successful applicants during the transition period after selection, but prior to the effective date of the contract, may be reimbursed upon approval.

Contract(s) awarded as a result of this RFP will be for one year. Funds may only be used to support services that are specific to this award; hence, this funding may not be used to supplant or duplicate existing funding streams.

All application and expenditure data pertaining to these contract funds must be independent of any other DMHAS or non-DMHAS funded program of the applicant/contractee. Award(s) under this RFP will be clustered separately from other existing components for contract application and reporting.

Contractees are expected to adhere to all applicable State and Federal cost principles. Budgets should be reasonable and reflect the scope of responsibilities in order to accomplish the goals of this project.

Agencies awarded funds through this RFP must have in place established, facility-wide policies which prohibit discrimination against clients of substance abuse prevention, treatment and recovery support services who are assisted in their prevention, treatment and/or recovery from substance addiction with legitimately prescribed medication/s. These policies must be in writing in a visible, legible and clear posting at a common location which is accessible to all who enter the facility.

Moreover, no client who is admitted into a treatment facility, or a recipient of or participant in any prevention, treatment or recovery support services, shall be denied full access to, participation in and enjoyment of that program, service or activity available, or offered to others, due to the use of legitimately prescribed medications.

The capacity to accommodate clients who present or are referred with legitimately prescribed medications can be accomplished either through direct provision of services associated with the provision or dispensing of medications and or via development of viable networks/referrals/consultancies/sub-contracting with those who are licensed and otherwise qualified to provide medications.

An appeal based on the determination may be filed in writing to the Division Assistant Commissioner within seven (7) calendar days following receipt of the notification. An appeal of the selection process shall be heard only if it is alleged that the Division has violated a statutory or regulatory provision in the awarding of the contract. An appeal will not be heard based upon a challenge to the evaluation of a proposal.

Proposal Requirements/Scoring

Applicants must provide a written description of the proposed services. The narrative portion should be single-spaced with one inch margins, no smaller than 12 point font, not exceed 20 pages, and be organized in the order of the key concepts below. Items included in the Appendices do not count towards the narrative page limit. **All pages should be numbered, with the exception of the single audit report, IRS Form 990 and Pension Form 5500.**

Funding decisions will be based on such factors as the scope and quality of the proposal and appropriateness and reasonableness of the budget. The Review Committee will also be looking for evidence of cultural competence in each section of the narrative. The Review Committee may choose to visit any applicants' existing program(s) and/or review any programmatic or fiscal documents in the possession of DMHAS. Any disciplinary action in the past must be revealed and fully explained. The number of points after each heading shows the maximum number of points the Review Committee members may assign to that category. Although scoring weights are not assigned to individual bullets, each bullet is assessed in deriving the overall Section score.

History and Experience - 20

- Provide a brief narrative describing your agency's history, its primary purpose, target population and the number of years of experience.
- Describe by modality actual capacity and licensed capacity (as indicated on the license). How does your agency's experience and success demonstrate your ability to provide the expected services to DC clients?
- Please include supporting documentation as a DC FFS network participant provider (if applicable).
- If currently funded by DMHAS, has any disciplinary action been taken against your agency in the past five years? If so, please explain and include documentation as an Appendix. Has your agency ever been debarred by any State, Federal or local government agency? If so, please explain and include documentation as an Appendix. Describe any active litigation in which your agency is involved. Also, describe any pending litigation of which your agency has been notified.
- Detail your agency's ability to use the New Jersey Substance Abuse Monitoring System (NJ-SAMS).
- Describe your agency's capacity to accommodate any and all clients who take legitimately prescribed medications who are referred to or present for admission into a licensed addictions drug treatment facility. Include your policy(ies) as an Appendix. Describe your policies which prohibit discrimination against clients of substance abuse prevention, treatment and recovery support services who are assisted in their prevention, treatment and/or recovery from substance addiction with legitimately prescribed medication/s. Include your policy(ies) as an Appendix.
- Are agency's submissions up-to-date in NJ-SAMS? What is the number of walk-ins for the past month? What is the number of referrals for the past month? And what is the number of no-shows for the past month? Are these numbers representative of your caseload? If not, please describe.
- What was your agency's last Continuous Quality Improvement effort? What was identified as an issue? What actions were taken? What was the outcome?

Staffing - 30

- Describe the number of key personnel involved with DC clients, including their qualifications i.e., professional licensing and related experience. Describe your agency's plan for staffing to ensure capacity to provide services. Detail how supervision over clinical staff will be conducted.
- Detail if they are current staff or to be hired, and include if staff will be bilingual. Attach resumes of current staff in an Appendix.

- Describe the agency plan for the recruitment of new hires pursuant to this contract including their qualifications i.e., professional licensing and related experience.
- Describe agency plan to for employee retention.
- Include job descriptions for key personnel with oversight and involvement in completing the responsibilities of the contract.
- Describe the proposed organizational structure and provide a copy in chart form in an Appendix.
- Detail your agency's hiring policies regarding background and credential checks, as well as past criminal convictions.
- Provide a detailed description of your agency's policies and procedures for screening, assessing, referring and treating clients who present with COD. Detail how your agency will provide or coordinate a referral to an appropriate level of care. Detail how your agency will provide co-occurring treatment via a multidisciplinary team. Describe how your agency will provide case management to ensure continuity of care. Describe your agency's plan to coordinate with the referral source for continuum of care planning.
- Provide a list of your board members, their professional licenses and their organizational affiliations. Specifically identify whether any board member is also an employee of the agency applying for this funding or an employee of a Parent company affiliated with the applicant agency (if applicable). Indicate if the Board of Directors votes on items relating to DMHAS contracts.
- Provide a list of names of any consultants or the consultants that your agency plans on utilizing for this contract, including their professional licenses and organizational affiliations. Identify whether any of these consultants are also board members and identify any reimbursement the member received as a board member over the last 12 months. Indicate which of these members are voting members.
- Identify and submit all related party transactions including related principal staff as well as professional affiliation agreements (see Schedule 4 at the end of this RFP).

Facilities/Equipment - 10

- Describe how tangible assets, such as computers and hardware, phones, and other special service equipment will be acquired or allocated for staff and/or clients, who may require these services at the locations listed.

- Describe the equipment and minor renovations or refurbishing of existing space to support the staff and DC client services that will stem from this contract.
- Clearly describe the facility's Americans with Disabilities Act (ADA) accessibility for individuals with disabilities.

Budget Requirements - 15

- Describe any start-up expenses for purchase or leasing of equipment and minor renovations or refurbishing existing space to support the staff and DC client services.
- What is your capability of doing financial reports and the frequency? (i.e. what software programs are you utilizing for financial reporting?). To whom do you report externally using electronic media? How often (i.e. quarterly, monthly)? Do you file any external monthly or quarterly expenditure reports electronically? Do you bill Medicaid? List all of the agencies that you bill electronically.
- Do any of your current and/or former paid employees and/or board members actively participate in lobbying activities? If so, please identify and detail any of the costs allocated to any of your state contracts? If your agency has any paid registered lobbyists, identify and detail any of the costs allocated to your budget proposal.
- Does your agency have a line of credit? If so, what is the amount of your agency's line of credit? Who is the lender(s) who provides the line of credit? If an amount was borrowed, what was the reason; and, list month by month, for the last 12 months of credit utilization. Is it expected to continue over the next 12 months? Please explain.
- Are there any audits, other than the required single audit, pending or in progress? Who requested the audit? What is the firm's name and telephone number? What type of audit is this?

Sustainability – 25

- Describe your agency's strategic plan to assure program sustainability. How will your agency meet its goals to achieve financial sustainability when the start-up funds come to an end and the agency must bill FFS through DMHAS Co-Occurring Network or other private and public payors?
- Include a one year projection, in chart form, detailing how your agency will sustain this funding once the contract term is concluded. Include such items as the number of clients being served monthly, number of staff dedicated to providing co-occurring services, number of initiatives the agency is participating in and billing for, types of services the agency and staff plan to bill for and the total revenue anticipated from FFS billing for co-occurring services, etc.

- How will your agency monitor its progress as it works towards identifying new means of support and diversified income sources?
- Describe how your agency will fill a gap in program services?

Required Documentation

Applicants responding to this RFP shall submit their proposal organized in the following manner:

Part I:

1. Signed cover letter;
2. Narrative in response to the Proposal Requirements;
3. Completed contract application;
4. Board Resolution Validation Form; and
5. Two (2) original signed Standard Language Documents.

Part II - Appendices to augment and support your proposal:

1. Agency Information:
 - a. Agency mission statement;
 - b. Organizational chart;
 - c. Job descriptions of key personnel;
 - d. Resumes of key personnel if on staff, limited to 2 pages each;
 - e. Current salary ranges, if not included in the job descriptions;
 - f. Copy of a Certificate of Incorporation and Business Registration;
 - g. Evidence of the applicant's nonprofit status under federal IRS regulations;
 - h. Affirmative Action Certificate of Employee Information Report and /or newly completed AA 302 form;
 - i. Department of Human Services Statement of Assurances (Attached to the RFP);
 - j. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions (Attached to the RFP);
 - k. Copy of the Annual Report-Charitable Organization (for information visit: http://www.state.nj.us/treasury/revenue/dcr/programs/ann_rpt.shtml); and
 - l. Documentation of agency's prior disciplinary action, if any.
2. Agency Policies:
 - a. Copy of agency code of ethics and/or conflict of interest policy ;
 - b. Co-occurring policies and procedures;
 - c. Policies regarding the use of medications; and
 - d. Policies regarding Recovery Support, specifically peer support services.
3. Letters of Support/Affiliation Agreements;
4. Fiscal Documentation:
 - a. Completed contract application, including the following to be completed using the budget forms located in the Application for Contract Funds:
 - i. List of current members of the Board of Directors and officers, including their titles and terms of service.

- ii. Budget for 12-month period of the contract that should clearly delineate salary costs and start-up expenses. Proposed budgets should be approximately \$200,000.
 - iii. Overall agency budget with cost allocation plan with appropriate statistics and basis.
- b. List of all contracts and grants to be awarded to the agency by the Federal, State, local government or a private agency during the contract term, including awarding agency name, amount, period of performance, and purpose of the contract/grant, as well as a contact name for each award and the phone number;
- c. List of the names and addresses of those entities providing support and/or money to help fund the program for which the proposal is being made, including the funding amount;
- d. N.J.S.A. 52:34-13-2 Source Disclosure Certification Form (replaces Executive Order 129 form);
- e. Schedule 4 (Attached to the RFP);
- f. Most recent and previous single audit report (A133) or certified statements (submit only two copies);
- g. Any other audits performed in the last two years (submit only two copies);
- h. If there are any audits pending or in progress, list the firm completing this audit(s), contact name and telephone number; and
- i. Most recent IRS Form 990/IRS Form 1120, and Pension Form 5500, if applicable (submit only two copies).

Review and Award Information

A) Schedule

The following summarizes the application schedule:

October 19, 2011	Notice of Availability of Funds
November 30, 2011	Deadline for receipt of proposals - no later than 5:00 p.m.
December 29, 2011	Award announcement
February 2012	Anticipated award start date

B) Screening for Eligibility, Conformity and Completeness

State staff will screen proposals for eligibility and conformity with the specifications in this RFP. The initial screen will be conducted to determine whether or not the proposal is eligible for review. To be eligible for review by the Committee, staff will verify with the proper authority and through a preliminary review of the proposal that:

1. the applicant is not debarred or suspended by DHS or any other State or Federal entity from receiving funding;
2. all outstanding PoC's have been submitted to DMHAS, if applicable; and
3. Board requirements have been met.

Those proposals that fail this eligibility screen will not be reviewed. Those proposals found eligible for review will be distributed to the Review Committee as described below.

C) Review Committee

The State will convene a committee consisting of public employees who will conduct a review of each proposal accepted for review, in accordance with the review criteria. Committee members may be unfamiliar with some or all of the applicants. Members may review any documentation available onsite to aid in the review, as well as request a site visit of any applicants proposed contract location or clarification regarding the submitted proposal. All potential reviewers will complete conflict of interest forms. Those with conflicts or the appearance of conflicts will be disqualified from participating in the review.

The Review Committee will score proposals and recommend for funding in the priority order of the scores (highest score = most highly recommended). A minimum score of 70 must be achieved in order to be considered for funding.

D) Funding Recommendations

The Chair of the Review Committee will convey the recommendations to the Assistant Commissioner or Deputy Director of DMHAS who will make the final decision on the award.

Applicants are advised that awards may be made conditional upon changes suggested by the Review Committee and/or State staff. The requested changes, along with their requested implementation dates, will be communicated to the prospective awardees prior to award.

Post Award Requirements

A) Documentation

Upon award announcement, the successful applicant must submit one (1) copy of the following documentation (if not already submitted with the proposal) in order to process the contract in a timely manner:

1. Proof of insurance naming the State of New Jersey, Department of Human Services, Division of Mental Health and Addiction Services, PO Box 362, Trenton, NJ 08625-0362 as an additional insured;
2. Board Resolution authorizing who is approved for entering into a contract and signing related contract documents;
3. Two (2) signed originals of the Department of Human Services Standard Language Document;

4. Current Agency By-laws;
5. Current Personnel Manual or Employee Handbook;
6. Copy of Lease or Mortgage;
7. Certificate of Incorporation;
8. Conflict of Interest Policy;
9. Affirmative Action Policy;
10. Affirmative Action Certificate of Employee Information Report and/or newly completed AA 302 form (AA Certificate must be submitted within 60 days of submitting completed AA302 form to Office of Contract Compliance);
11. A copy of all applicable licenses;
12. Local Certificates of Occupancy;
13. Most recent State of New Jersey Business Registration;
14. Procurement Policy;
15. Current Equipment inventory of items purchased with DHS funds (Note: the inventory shall include: a description of the item, a State identifying number or code, original date of purchase, date of receipt, location at the Provider Agency, person(s) assigned to the equipment, etc.);
16. All Subcontracts or Consultant Agreements, related to the DHS Contracts, signed and dated by both parties;
17. Business Associate Agreement (BAA) for Health Insurance Portability Accountability Act of 1996 compliance, if applicable, signed and dated;
18. Updated single audit report (A133) or certified statements, if differs from one submitted with proposal;
19. Updated IRS Form 990, if differs from one submitted with proposal;
20. Updated Pension Form 5500, if applicable, if differs from one submitted with proposal;
21. Copy of Annual Report;
22. N.J.S.A. 52:34-13.2 Source Disclosure Certification form (replaces Executive Order 129 compliance forms);
23. Department of Human Services Statement of Assurances (attached to the RFP); and
24. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions (attached to the RFP).

B) Award Requirements

Awardees must adhere to the following:

1. Enter into a contract with DMHAS and comply with applicable DHS and DMHAS contracting rules and regulations;
2. Comply with all applicable State and Federal assurances, certifications and regulations regarding the use of these funds;
3. Inform the Program Management Officer of any publications/publicity based on the award;
4. Comply with all appropriate State licensure regulations; and
5. Comply with the Americans with Disabilities Act requirements.

C) Other Information

1. DMHAS may provide post contract support to awardee through technical assistance; and
2. DMHAS Program Management Officers will conduct site visits to monitor the progress in accomplishing responsibilities and corresponding strategy for overcoming these problems. An awardee's failure to comply with reporting requirements may result in loss of the contract. The awardee will receive a written report of the site visit findings and will be expected to submit a plan of correction.

Co-Occurring FFS Service Descriptions

The Co-Occurring Enhancement strives to advance the integration of mental health services into client's substance abuse treatment. This initiative provides reimbursement for an array of co-occurring service when a co-occurring mental health diagnosis has been determined by an appropriately licensed behavioral health professional. If client is determined to be in need of these services their treatment plan will include substance abuse treatment and co-occurring problems, goals and interventions.

Approval to provide services as part of Co-Occurring FFS Network is predicated on an agency's submission of co-occurring application. The application is reviewed and scored by DMHAS clinical staff to insure that agency has the policies and procedures in place to insure the capacity to integrate substance abuse and mental health treatment. Below is summary of elements that are reviewed by DMHAS staff.

- Admission Policy
 - Allows for Co-Occurring clients
 - Allows for Medications
 - Does not exclude by type of medication?
- Mission Statement
 - Indicates capacity to serve co-occurring clients
- Program Description
 - Indicates Integration and Coordination of Services
 - Recovery Management
 - Client Centered
- Screening Tools and Co-Occurring Screening Policy
 - Recognized by COCE or SAMHSA
- Treatment Plan and Treatment Planning Policy
 - Indicates planning for co-occurring issues
 - List of Education Topics – Submitted
 - Indicates that Mental Health issues are included
- List of Education and Supportive Services for Family and Policy
 - Does include services for co-occurring clients and issues
- Recovery Support Referral List
 - Does it include referrals to types of Self Help other than AA/NA
 - Peer Supports
 - List of any Staff and Policy regarding
 - Providers Peer supports to co-occurring clients
- Discharge Plans and Discharge Policy
 - Policy and plan identify planning specific to co-occurring issues

In addition to the General Service Requirements stated in the Standard FFS Network Annex A, the contractee shall comply with the following requirements for Co-occurring Services:

Psychiatric Evaluation

Description:

Psychiatric evaluations are meetings between a psychiatrist and a child, adolescent or adult in which the professional tries to glean information necessary to diagnose an emotional disorder. During this interview the psychiatrist collects enough data about the patient, through input from the substance abuse and/or co-occurring evaluation, previous treatment records and consultation with the treatment team, to develop an initial psychiatric diagnosis and treatment plan, including pharmacotherapy.

Who Can Provide the Service?

Psychiatric Evaluation is provided by: MD or DO Certified in Addiction Psychiatry; Board Certified Psychiatrist who is a member of ASAM or experienced with addiction; Board Eligible and ASAM Certified Psychiatrist; MD or DO Board Eligible for Psychiatry with 5 years of addiction experience and ASAM membership; ASAM Certified MD or DO with 5 years of co-occurring mental health disorders experience; Certified Nurse Practitioner-Psychiatric and Mental Health (CNP-PMH), Advanced Practical Nurse-Psychiatric and Mental Health (APN-PMH), and Physician's Assistant (PA) w/Psychiatric and Mental Health certification.

Comprehensive Intake Evaluation

Description:

The Comprehensive Intake Evaluation includes; a full mental status evaluation, a detailed history of psychiatric symptoms, a review & if necessary expansion of the information collected during the ASI, collection and review of previous treatment records, & the completion of relevant assessment tools such as the Level of Care Utilization System for Psychiatric and Addiction Services (LOCUS) are helpful to clinicians making LOC decisions for the COD client

Who Can Provide the Service?

The Comprehensive Evaluation is provided by: Licensed Clinical Psychologist, Licensed Clinical Social Worker (LCSW), Licensed Professional Counselor (LPC), Licensed Marriage and Family Therapist (LMFT).

Medication Monitoring

Description:

Medication monitoring is the ongoing assessment, monitoring and review of the effects of a prescribed medication (Medication Assisted Therapy) upon a client. It is as a result of these visits that medications are adjusted, medical tests are ordered, and the client's response to treatment is evaluated. All Addictions and COD treatment facilities must allow for Medication Assisted Therapy for appropriate clients. These clients may be receiving medication(s) prescribed by the primary treatment facility, or by another provider.

Who Can Provide the Service?

Provided by: Licensed MD or DO, Certified Nurse Practitioner-(CNP), Advanced Practical Nurse-(APN) Physician's Assistant- (PA).

Clinical Consultation**Description:**

The Consultant meets with an agency's clinical staff in order to advise, counsel or educates those clinicians regarding the diagnosis, treatment, and management of clients in the care of that organization.

Who Can Provide the Service?

A psychiatrist is the preferred consultant in this role. Psychiatrists or clinicians from other disciplines who provide clinical consultation must be licensed or certified to practice as health care professionals, and authorized to render diagnoses according to the DSM for both mental health and substance use disorders. (e.g.: psychiatrist, licensed clinical psychologist, licensed clinical social worker, licensed psychiatric nurse, licensed professional counselor, etc.). A minimum of 5 years' experience in mental health or co-occurring treatment is required.

Case Management**Description:**

Case Management is the provision of direct and comprehensive assistance to clients in order for those individuals to gain access to all necessary treatment and rehabilitative services. The clinical case manager (CCM) facilitates optimal coordination and integration of these services on behalf of the client. In addition to connecting clients to these resources, the CCM monitors their client's progress in treatment. The goal of this intervention is to reduce psychiatric and addiction symptoms, and to support the clients' continuing stability and recovery.

Who Can Provide the Service?

Clinical case management services can be provided by the client's primary counselor, or by a staff member designated as CCM for a number of clients. CCM services can be provided by a health care professional with experience and expertise in service systems, including social service systems, the addictions treatment system, and services for mental health disorders. A minimum of Bachelor's Degree in one of the helping professions, such as social work, psychology, and counseling or LCADC or CADAC.

Family Therapy**Description:**

Treatment provided to a family utilizing appropriate therapeutic methods to enable families to resolve problems or situational stress related to or caused by a family member's addictive illness.

Who Can Provide the Service?

Family and Individual Therapy must be provided by: Licensed Clinical Psychologist, Certified Nurse Practitioner-Psychiatric and Mental Health (CNP-PMH), Advanced Practical Nurse-Psychiatric and Mental Health (APN-PMH), Licensed Clinical Social Worker (LCSW), Licensed Professional Counselor (LPC), or Licensed Marriage and Family Therapist (LMFT).

Individual Therapy

Description:

The treatment of an emotional disorder as identified in the DSM through the use of established psychological techniques and within the framework of accepted model of therapeutic interventions such as psychodynamic therapy, behavioral therapy, gestalt therapy and other accepted therapeutic models. These techniques are designed to increase insight and awareness into problems and behavior with the goal being relief of symptoms, and changes in behavior that lead to improved social and vocational functioning, and personality growth.

Who Can Provide this Service?

Family and Individual Therapy must be provided by: Licensed Clinical Psychologist, Certified Nurse Practitioner-Psychiatric and Mental Health (CNP-PMH), Advanced Practical Nurse-Psychiatric and Mental Health (APN-PMH), Licensed Clinical Social Worker (LCSW), Licensed Professional Counselor (LPC), or Licensed Marriage and Family Therapist (LMFT).

Individual Therapy - Crisis Intervention

Description

The provision of emergency psychological care to a client who is experiencing extreme stress. In order for a difficult situation to constitute a crisis, the stressor(s) must be experienced as threatening, and of an intensity/magnitude that can not be managed by the client's normal coping capacities. The determination that a client is experiencing a crisis must be made by a licensed clinician. This initial assessment, where clinically indicated, includes evaluation of the individual's potential for suicide, homicide, or other violent/extremely problematic behaviors. In COD treatment settings, the client's potential for relapse and/or decompensation must be determined. The goals of crisis intervention are:(1) Stabilization, i.e. to reduce or relieve mounting distress; (2) Mitigation of acute signs and symptoms of distress; (3) Restoration of the pre-crisis (hopefully adaptive and independent) level of functioning; (4) Prevention (or reduction of the probability) of the development of maladaptive post-crisis behavior (e.g.: relapse and/or decompensation), or of post-traumatic stress disorder (PTSD).

Who Can Provide the Service?

Provided by: MD or DO, Licensed Clinical Psychologist, Certified Nurse Practitioner-Psychiatric and Mental Health (CNP-PMH), Advanced Practical Nurse-Psychiatric and Mental Health (APN-PMH), Licensed Clinical Social Worker (LCSW), Licensed Professional Counselor (LPC), or Licensed Marriage and Family Therapist (LMFT), Physician's Assistant (PA) , Advance Practice Nurse (APN) ,Certified Nurse Practitioner (CNP)

**STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES**

**ADDENDUM TO REQUEST FOR PROPOSAL
FOR SOCIAL SERVICE AND TRAINING CONTRACTS**

Executive Order No. 189 establishes the expected standard of responsibility for all parties that enter into a contract with the State of New Jersey. All such parties must meet a standard of responsibility which assures the State and its citizens that such parties will compete and perform honestly in their dealings with the State and avoid conflicts of interest.

As used in this document "provider agency" or "provider" means any person, firm, corporation, or other entity or representative or employee thereof which offers or proposes to provide goods or services to or performs any contract for the Department of Human Services.

In compliance with Paragraph 3 of Executive Order No. 189, no provider agency shall pay, offer to pay, or agree to pay, either directly or indirectly, any fee, commission, compensation, gift, gratuity, or other thing of value of any kind to any State officer or employee or special State officer or employee, as defined by N.J.S.A. 52:13D-13b and e, in the Department of the Treasury or any other agency with which such provider agency transacts or offers or proposes to transact business, or to any member of the immediate family, as defined by N.J.S.A. 52:13D-13i, of any such officer or employee, or any partnership, firm, or corporation with which they are employed or associated, or in which such officer or employee has an interest within the meaning of N.J.S.A. 52:13D-13g.

The solicitation of any fee, commission, compensation, gift, gratuity or other thing of value by any State officer or employee or special State officer or employee from any provider agency shall be reported in writing forthwith by the provider agency to the Attorney General and the Executive Commission on Ethical Standards.

No provider agency may, directly or indirectly, undertake any private business, commercial or entrepreneurial relationship with, whether or not pursuant to employment, contract or other agreement, express or implied, or sell any interest in such provider agency to, any State officer or employee or special State officer or employee having any duties or responsibilities in connection with the purchase, acquisition or sale of any property or services by or to any State agency or any instrumentality thereof, or with any person, firm or entity with which he is employed or associated or in which he has an interest within the meaning of N.J.S.A. 52:13D-13g. Any relationships subject to this provision shall be reported in writing forthwith to the Executive Commission on Ethical Standards, which may grant a waiver of this restriction upon application of the State officer or employee or special State officer or employee upon a finding that the present or proposed relationship does not present the potential, actuality or appearance of a conflict of interest.

No provider agency shall influence, or attempt to influence or cause to be influenced, any State officer or employee or special State officer or employee in his

official capacity in any manner which might tend to impair the objectivity or independence of judgment of said officer or employee.

No provider agency shall cause or influence, or attempt to cause or influence, any State officer or employee or special State officer or employee to use, or attempt to use, his official position to secure unwarranted privileges or advantages for the provider agency or any other person.

The provisions cited above shall not be construed to prohibit a State officer or employee or special State officer or employee from receiving gifts from or contracting with provider agencies under the same terms and conditions as are offered or made available to members of the general public subject to any guidelines the Executive Commission on Ethical Standards may promulgate.

**Department of Human Services
Statement of Assurances**

As the duly authorized Chief Executive Officer/Administrator, I am aware that submission to the Department of Human Services of the accompanying application constitutes the creation of a public document and as such may be made available upon request at the completion of the RFP process. This may include the application, budget, and list of applicants (bidder's list). In addition, I certify that the applicant:

- Has legal authority to apply for the funds made available under the requirements of the RFP, and has the institutional, managerial and financial capacity (including funds sufficient to pay the non Federal/State share of project costs, as appropriate) to ensure proper planning, management and completion of the project described in this application.
- Will give the New Jersey Department of Human Services, or its authorized representatives, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with Generally Accepted Accounting Principles (GAAP). Will give proper notice to the independent auditor that DHS will rely upon the fiscal year end audit report to demonstrate compliance with the terms of the contract.
- Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. This means that the applicant did not have any involvement in the preparation of the RFP, including development of specifications, requirements, statement of works, or the evaluation of the RFP applications/bids.
- Will comply with all federal and State statutes and regulations relating to non-discrimination. These include but are not limited to: 1.) Title VI of the Civil Rights Act of 1964 (P.L. 88-352; 34 CFR Part 100) which prohibits discrimination on the basis of race, color or national origin; 2.) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794; 34 CFR Part 104), which prohibits discrimination on the basis of handicaps and the Americans with Disabilities Act (ADA), 42 U.S.C. 12101 et. seq.; 3.) Age Discrimination Act of 1975, as amended (42 U.S.C. 6101 et. seq.; 45 CFR part 90), which prohibits discrimination on the basis of age; 4.) P.L. 2975, Chapter 127, of the State of New Jersey (N.J.S.A. 10:5-31 et. seq.) and associated executive orders pertaining to affirmative action and non-discrimination on public contracts; 5.) federal Equal Employment Opportunities Act; and 6.) Affirmative Action Requirements of PL 1975 c. 127 (NJAC 17:27).
- Will comply with all applicable federal and State laws and regulations.

- Will comply with the Davis-Bacon Act, 40 U.S.C. 276a-276a-5 (29 CFR 5.5) and the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.27 et. seq. and all regulations pertaining thereto.
- Is in compliance, for all contracts in excess of \$100,000, with the Byrd Anti-Lobbying amendment, incorporated at Title 31 U.S.C. 1352. This certification extends to all lower tier subcontracts as well.
- Has included a statement of explanation regarding any and all involvement in any litigation, criminal or civil.
- Has signed the certification in compliance with federal Executive Orders 12549 and 12689 and State Executive Order 34 and is not presently debarred, proposed for debarment, declared ineligible, or voluntarily excluded. Will have on file signed certifications for all subcontracted funds.
- Understands that this provider agency is an independent, private employer with all the rights and obligations of such, and is not a political subdivision of the Department of Human Services.
- Understands that unresolved monies owed the Department and/or the State of New Jersey may preclude the receipt of this award.

Applicant Organization

Signature: Chief Executive Officer or Equivalent

Date

Typed Name and Title

6/97

READ THE ATTACHED INSTRUCTIONS BEFORE SIGNING THIS CERTIFICATION.
THE INSTRUCTIONS ARE AN INTEGRAL PART OF THE CERTIFICATION.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by an Federal department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Name and Title of Authorized Representative

Signature

Date

This certification is required by the regulations implementing Executive order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of facts upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

Attachment E

Schedule 4: Related Organization

Report on this schedule any budgeted or actual purchases from related organizations. A related organization is one under which one party is able to control or influence substantially the actions of the other. Such relationships include but are not limited to those between (1) divisions of an organization; (2) organizations under common control through common officers, directors, or members, and (3) an organization and a director, trustee, officer, or key employee or his/her immediate family, either directly or through corporations, trusts, or similar arrangements in which they hold a controlling interest.

Costs of services, facilities, and supplies furnished by organizations related to the provider agency must not exceed the competitive price of comparable services, facilities, or supplies purchased elsewhere.

DHS (REV 7/86)

Agency: _____

Contract #: _____

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICE
SCHEDULE 4: RELATED ORGANIZATION
Page _____ of _____

Purpose:

() Budget Preparation

() Expenditure Report

Period Covered: _____ to _____

[illegible]